

.....

# **Membership Positions Available!!**

**New Jersey  
Division of Mental Health and Addiction Services'**

## **Citizens Advisory Council (CAC)**

***Providing assistance to the Division to  
ensure a consumer-informed system of  
care.***

An invitation for New Jersey consumers and citizens to:

- \* represent the voices of New Jersey residents who are at risk for, struggling with, or otherwise affected by the chronic disease of addiction
- \* support education, prevention, intervention, treatment, and recovery from alcohol, drug, and other addictive disorders
- \* support and advocate for the elimination of stigma often attached to addiction by the addicted, their family members, and the community

**Applications due: October 17, 2011**

.....

## **\*\* Frequently Asked Questions \*\***

**Q: Who is eligible to apply?**

**A: Citizens of NJ whose lives have been affected by the chronic disease of addiction and express interest and demonstrate commitment to the CAC Mission and Values Statement.**

**Q: How do I apply?**

**A: Complete the attached application, sign it, and mail to DMHAS. Applications are due by 5pm on October 17, 2011. (See "Procedure to Apply" section of application, pg.6)**

**Q: What is expected of members?**

**A: Attend monthly meetings. Participate in discussions & decisions. Represent voices of consumers. Fulfill all member responsibilities (see page 4).**

**Q: When will I find out if I have been chosen/accepted to the CAC?**

**A: Notices will be mailed on or around November 4, 2011.**

**Q: If accepted, when do I start?**

**A: The CAC meets on the 3<sup>rd</sup> Thursday of every month for approximately two hours, from 9:30am – 11:30am. All new members identified through this application process will be expected to attend an orientation meeting on November 17, 2011, in addition to the regular scheduled meeting on that day.**

**Q: Who do I contact for more information or if I have a question?**

**A: CAC Membership/Nominating Committee Chairperson:  
Ezra Helfand      973-803-2597 [Ezra@ncadd-middlesex.org](mailto:Ezra@ncadd-middlesex.org)**

**DMHAS Staff:**

**Dennis Donovan 609-292-9068 [dennis.donovan@dhs.state.nj.us](mailto:dennis.donovan@dhs.state.nj.us)**

**Ann Wanamaker 609-588-7364 [ann.wanamaker@dhs.state.nj.us](mailto:ann.wanamaker@dhs.state.nj.us)**

**Alicia Meyer      609-984-1312 [alicia.meyer@dhs.state.nj.us](mailto:alicia.meyer@dhs.state.nj.us)**

## **Citizen's Advisory Council Roles and Responsibilities**

### **Mission:**

The Citizen's Advisory Council (CAC) is composed of consumer and citizen members representing the voices of New Jersey residents at risk for, struggling with, or otherwise affected by the chronic disease of addiction. The CAC supports education, prevention, intervention, treatment, and recovery from alcohol, drug, and other addictive disorders and the elimination of associated stigma. The Council provides input and guidance to DMHAS in furthering its mission, linking the Division with consumers and advocating for the needs and interests of individuals, families, and communities.

### **Values Statement:**

The CAC believes:

- In the rights of all citizens to access and receive quality prevention, treatment, recovery and support services without stigma;
- In quality, holistic, comprehensive, affordable, client-centered treatment services within a continuum of care that recognizes the need for life long management;
- In encouraging informed consumer choice, and
- That our collective voices are integral to DMHAS in fulfilling its mission.

### **Purpose:**

DMHAS is accepting applications for individual New Jersey residents who are interested in participating as members on its internal Citizens' Advisory Council (CAC). Members will represent the various and diverse interests, issues and perspectives of consumers of substance abuse prevention, intervention, treatment and recovery services, including the families, and others who are thereby affected. Members may serve less than a two-year term, depending upon when members are selected to join the CAC. The Council will function as a resource to the Division through which to communicate and collaborate with consumers in fulfilling its mission of developing and sustaining a system of client-centered care.

The CAC will work in tandem with other established consumer advisory vehicles throughout the State that share common interests and concerns.

**Responsibilities:**

Members will be responsible to:

- Know and support the CAC's mission and goals, and be familiar and comply with the CAC's policies and by laws;
- Form or strengthen linkages and relationships with other, unique and diverse consumer constituents/cies and represent these voices as a council member;
- Work as part of larger team;
- Represent and respect all communities equally;
- Foster a climate that promotes active participation by all members;
- Take an active role in CAC projects or tasks;
- Mentor new members and/or be mentored by veteran members;
- Prepare for each meeting by reading relevant materials ahead of time;
- Be respectful of differing opinions;
- Suggest agenda items as appropriate to ensure that significant matters are addressed;
- Comply with meeting attendance requirements by attending and participating in monthly meetings and/or teleconferences and on subcommittees, trainings, and events as necessary;
- Consult in the development of client-centered policies and procedures;
- Provide recommendations to improve current practices, and
- Disclose fully and truthfully conflicts of interest prior to discussions or votes on relevant CAC issues in accordance with the by laws.

**Individuals who may apply:**

- Any person who is a citizen of the State of New Jersey.
- Persons with experience either as a consumer, provider or family member of an individual in recovery or struggling with addiction.

- Former applicants to the CAC who were not chosen or whose applications were not received on time in order to be eligible for review.
- Persons who work for addictions-funded agencies or programs and/or who serve on the Board of Directors of addictions-funded agencies are eligible for membership on the CAC. There are no restrictions on the membership of persons who also serve on other advisory boards or committees, as long as those roles are voluntary and do not include financial responsibilities for a program, agency or organization.

**Qualifications needed for consideration:**

- Demonstration of the broadest possible combination and range of “consumer” experiences, perspectives and knowledge.
- Through experience, knowledge, passion and commitment; demonstration of the ability to represent multiple, diverse, “consumer-specific” interests, issues, and perspectives.

**Location and meeting accommodations:**

Meetings are held on the 3<sup>rd</sup> Thursday of each month at the Division of Mental Health and Addiction Services, 120 South Stockton Street, 3<sup>rd</sup> Floor, Trenton NJ, for approximately two hours from 9:30 am to 11:30 am. New members will be expected to attend the November 17, 2011 meeting. Conference call capacity will be available for members who are unable to attend in person. Travel reimbursement will be provided.

## **Citizen's Advisory Council Application Process**

### **Procedure to apply:**

Please print legibly or type and use only the space allotted on the attached application, and submit one original application to DMHAS, addressed to:

Alicia Meyer  
Division of Mental Health and Addiction Services  
New Jersey Department of Human Services  
P.O. Box 362  
Trenton, NJ **08625-0362**

For UPS, Fed Ex, courier service or hand delivery, please address to:

Alicia Meyer  
DMHAS/DHS  
120 South Stockton Street, 3<sup>rd</sup> Floor  
Trenton, NJ **08611**

Please note that if you send your application through USPS two-day priority mail delivery to the Divisions' P.O. Box, your package may not reach the Division in two days. In order to meet the deadline, please send your package earlier than two days before the deadline or use overnight delivery with the Divisions' street address.

Faxed or e-mailed applications will not be accepted. You will NOT be notified that your application has been received. If you require a phone number for delivery, you may use (609) 292-5760. A resume may be attached to your application if you so desire.

### **Review process:**

An ad-hoc Nominating Committee consisting of three members of the CAC and two members of DMHAS staff will review, screen and rank all applications and a slate of candidates will be recommended for approval.

Only persons directly involved in the selection of CAC members with a "need to know" will be afforded access to application information.

### **Deadline by which all applications must be submitted:**

Applications must be received at DMHAS by 5pm on October 17, 2011.

### **Date by which applicants will be notified:**

Notification letters will be sent to all applicants on or around November 4, 2011.

# Citizen's Advisory Council Application

After carefully reviewing the roles and responsibilities in the application package, please answer the following to the best of your ability.

1. Describe why you are interested in serving as a member of the Citizens' Advisory Council. Be sure to include your combination and range of "consumer" experiences, perspectives and knowledge.

[illegible]

2. Through your experiences, knowledge, passion and commitment, please describe your ability to represent multiple, diverse, “consumer-specific” interests, issues, and perspectives.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



**Citizen's Advisory Council  
Application**

3. Please describe what you hope to accomplish as a member of this Council.

---

---

---

---

---

---

---

---

---

---

---

4. What do you think should be the priorities of consumers for improving the current system of care?

---

---

---

---

---

---

---

---

---

---

---

## Citizen's Advisory Council Application

5. Indicate how you came to learn about the Citizen's Advisory Council.

---

---

---

---

---

---

**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Please check your Region of residence:** ☐ North ☐ Central ☐ South

**Telephone Number(s):** \_\_\_\_\_

**Name of person, who is not related to you, who would provide a reference, as to your ability to contribute as a valuable, reliable member of the DMHAS Citizens' Advisory Council.**

---

**Reference Contact Number(s):** \_\_\_\_\_

**\*Please Note: Providing Information about your Race/Ethnicity and Gender is Optional\***

**Gender:** ☐ Male ☐ Female

**Race / Ethnicity: (Check all that apply)**

☐ Asian ☐ African American ☐ Caucasian ☐ Hispanic ☐ Native American

☐ Other \_\_\_\_\_

By signing below, I assert my willingness to prepare for and actively participate in all CAC activities.

**Your Signature:** \_\_\_\_\_